

THIS MUST BE COMPLETED AND MAILED WITH EMPLOYEE'S FIRST REPORT OF INJURY  
SUPPLEMENT TO IA-1 EMPLOYER'S FIRST REPORT OF INJURY

VOLUNTEER FIRE DEPARTMENT

1. Name of Volunteer Fire Department \_\_\_\_\_
2. Address \_\_\_\_\_
3. Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_
4. Was fireman working in capacity of Volunteer at time of accident? \_\_\_\_\_
5. Does fireman personnel receive any pay other than per run pay? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
6. Does Department carry any other policies? \_\_\_\_\_
7. Workers' Compensation \_\_\_\_\_ Disability \_\_\_\_\_  
If so, name of company \_\_\_\_\_ Policy benefit \_\_\_\_\_

VOLUNTEER FIREMEN

1. Name of Volunteer Fireman \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_
2. Name of Fireman's Regular Employer (Not Fire Department) \_\_\_\_\_
3. Nature of Business \_\_\_\_\_
4. Volunteer's Occupation (Not Fire Department) \_\_\_\_\_
5. Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_
6. Number of Hours Worked Per Day \_\_\_\_\_ Per Week \_\_\_\_\_
7. Number of Days Worked Per Week \_\_\_\_\_
8. Wages: \_\_\_\_\_ Per Hour \_\_\_\_\_ or Per Day \_\_\_\_\_ or Per Week \_\_\_\_\_
9. If paid on other than a time basis (piece rate, salary, commission, etc.) enter actual average weekly earnings:  
\$ \_\_\_\_\_ per week.

Workers' Compensation  
Personnel Cabinet  
Room 511, 200 Fair Oaks Lane  
Frankfort, Kentucky 40601  
(502) 564-6846